

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90018 032 ****61.25

DOCUMENT # 718827

1. Entity Name
BEVERLY HILLS CONDOMINIUM NUMBER THREE, INC.



Principal Place of Business
**5300 WASHINGTON STREET
APT C111
HOLLYWOOD, FL 33021 US**

Mailing Address
**5300 WASHINGTON STREET
APT C111
HOLLYWOOD, FL 33021 US**



2. Principal Place of Business

3. Mailing Address

01312005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2380645

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OLYMPIA, ADDONIZIO
5300 WASHINGTON ST
APT C111
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name **Ross Molino**
Street Address (P.O. Box Number is Not Acceptable)
**5300 WASHINGTON ST.
C-119**
City **Hollywood** FL Zip Code **33021**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ross Anthony Molino**

2-14-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD OLYMPIA, ADDONIZIO 5300 WASHINGTON STREET, APT C111 HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MOLINO, ROSS 5300 WASHINGTON STREET, APT C-113 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PIECUCH, LORRAINE 5300 WASHINGTON STREET, APT C112 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ISAACS, MARY E 5300 WASHINGTON STREET, APT C217 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP HUNT, GENEVA 5300 WASHINGTON ST. C 320 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MOLINO, ROSS 5300 WASHINGTON ST C-113 Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ANITA HURTON 5300 WASHINGTON ST. C-312 Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2UP HUNT, GENEVA 5300 WASHINGTON ST. -C-320 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREAS.-TD JOSEPHINE REIDINGER 5300 WASHINGTON ST C-317 Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MARY ELLEN ISAACS 5300 WASHINGTON ST. C-217 Hollywood, FL 33021 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ross Anthony Molino**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-05

Date

Daytime Phone #